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Facial Transplantation: the Last Hope for “Monsters”

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Ms. Townsend

Literary Explorations III

14 November 2011

Facial Transplantation: the Last Hope for “Monsters”

For these past two hundred years I have been living in utter seclusion from the rest of humanity. Life would have lost its meaning long ago were it not for a divine occurrence. I happened to pass through a gargantuan athenaeum of sorts and I whiled my hours away devouring the intellectual delights that lay within. I read several books on a compelling issue, and one that seems to be novel, unheard-of and that has seemed to stir up quite a controversy. The issue is the surgical operation of face transplants on humans. From what I have read, a face transplant is a surgical procedure that replaces a portion or the full extent of one's face (Petechuk 130). The beings on which these operations are performed are victims of burns or trauma, or persons whose faces are so exceedingly disfigured such that they are rendered unable to speak, smell, eat and talk (Barclay 1349). Said a recipient of face transplantation: I just wished... “to be human again” (Larrabee and Hilger 2250). This issue immediately caught my attention, being that the correlation between outwardly appearance and societal acceptance is so dear to me, and I resolved to acquire as much knowledge on this issue as possible. A controversy seems to be rippling through the medical world of the ethics and viability of face transplantation. I will not hide the defects of this procedure from you, as there has been much doubt encircling the issue of facial transplantation. But I stand firm and unwavering in my support of human face transplantation. As a being who has suffered the consequences of a repugnant countenance, I feel that in spite of the long term risks and ethical implications, the procedure of face transplantation

should be performed on deserving patients because of its restorative benefits that reintegrate previously estranged and potentially suicidal patients back into society.

Opponents of facial transplantation argue that the risks entailed outweigh the benefits. For example, patients of this procedure must take immunosuppressants for the rest of their lives to prevent the skin from rejecting the new face. Being subjected to immunosuppressants puts the patients under the risks of developing cancer, kidney failure, diabetes, and high blood pressure (Petechuk 131). In an article I salvaged from the British Medical Journal, Dr. Hutchinson noted that in the few days following the procedure “there is a 5% to 10% risk of transplant failure from thrombosis of the surgical junctions... The immunosuppressant drugs may fail to control the immune response, leading to rejection at any stage, even months after the transplant. Estimates of risk of rejection are 10% failure in the first year and 30% to 50% over the next 5 to 10 years,” (Barclay 1350). With such a high possibility of rejection, should the facial transplant be removed, the patient’s countenance will be marred with a massive scar. His or her facial appearance will be left worse off than before. This, indeed, is a horrifically traumatic ordeal for a patient who has already endured severe facial disfigurement (Strong 1115). Even if the procedure is not fatal or traumatic, the ramifications may very well be.

I have also read that another area of concern is that the ethical issues of informed consent, the well-being of the donor family, and the recipient’s reaction to the facial transplantation undermine the medical world’s willingness to accept the procedure’s legitimacy. Since the procedure is so novel, there is a dearth of experimental evidence to account for further implications beyond those we already know. Thus, the patient is unable to give full informed consent regarding the procedure (Petechuk 131). Another ethical dilemma is the well-being of the donor family, as subjecting their deceased love one to being a donor of a face transplant means the

deceased is unable to have an open-casket funeral (Petechuk 132). Further, prominent surgeon Dr. Wigmore has noted that “the intrusive nature of the media in the West means that it is quite possible that donor families may see images of the recipient, and this may be upsetting” (Barclay 1350). As for the recipients, how will they react to receiving a new face, or someone else’s “identity?” Even though the bone structures of the patient will determine the general aesthetic outcome of the facial transplantation, the patients may still find themselves entrapped in identity issues. In addition, family members and loved ones may have a difficult time adjusting to the recipient’s new mien. Thus, these ethical issues continue to blur the line regarding the tradeoff of risks and benefits of facial transplants.

Beings with acutely disfigured images, such as myself, deal with feelings of extreme loneliness and worthlessness. I feel a transcendent, dear connection to these humans who have had their appearance mauled by events beyond their control, for they have had to endure most terrible injustices. Dr. Siemionow remarked “Our patient was called names and was humiliated...Children ran away” (Larrabee and Hilger 2251). In the images of the patients, I see a reflection of myself. “I am alone, and miserable; man will not associate with me” (Shelley 97). I was “shunned and hated by all mankind” simply because of my deformed face and body (Shelley 97). The De Laceys—how I loved them so! They were my first glimpses into the human world, that fragile link to civilization. But I shall never forget the look of utter terror and disgust on the faces of Felix, Safie and Agatha when they saw me. For months I had vicariously felt the jubilation and woe of human interaction through their eyes, ameliorated the hardship of their peasant life and harbored nothing but sweet thoughts for my inadvertent benefactors. However, Felix nevertheless “with supernatural force tore me from his father...in a transport of fury, he dashed me to the ground and struck me violently with a stick” without a second thought upon

seeing my face (Shelley 91). Like me, patients of facial transplantation lead sub-human existences; they are shunned by the rest of human society, unable to attain self-fulfillment—simply because of their outward appearance. Patients with facial disfigurements, I came across in my readings, are four-fold as likely to commit suicide as the rest of humanity (Petechuk 131). I cannot concur more, as many a time I have posed this question to myself: “Why did I live? Why, in that instant, did I not extinguish the spark of existence?” (Shelley 91). I have lived a life in which the world wants nothing to do with me and I harbor a hatred for myself, because of my hideous appearance.

However, inherent benefits stem from a successful facial transplantation. Being given a presentable, functioning face again will allow the patients the chance to begin new lives, and to recover their social relations with the rest of the world. Once patients receive new faces, they are accepted by society again, as exemplified through the experience of a Chinese man who underwent facial transplantation. He was even elevated to the status of a “super-star” in his hometown (Chenggang et al. 2169). And the De Laceys would have reciprocated my kindness, were it not for my grotesque image, as I recall in vivid detail the words of the old man as he addressed me: “I am blind, and cannot judge of your countenance, but there is something in your words which persuades me that you are sincere. I am poor, and an exile; but it will afford me true pleasure to be in any way serviceable to a human creature” (Shelley 91). For once, I was treated as a human and *accepted*—because the old man was shielded from this face of mine!

Cynics speak their share of skepticism regarding facial transplantation, but what do they know of the wretched cruelty that is utter isolation from humanity? Have they been so unsightly that children flee in fear, their lips crying “monster!”? The issue of facial transplantation is no

longer a physical one, but a mental one. A scientific article I read relating to us the story of a Chinese man whose face was greatly disfigured by a bear attack said, “Before the surgery, the patient was living in an isolated world. The patient even once wanted to commit suicide for the collateral emotional damage.” The patient said, “I want the surgery even at the risk of my life, because now I’m living so horribly”(Chenggang et al. 2170). I implore you to reconsider your premature predilections, for people like me who are being regarded as “monsters” deserve better. We deserve a chance to be reunited with society through facial transplantation, in spite of the implications involved. Thus, because of the healing benefits that allow face transplant recipients who previously had been desperate and isolated to reconnect with the world, facial transplantation procedures should be done, despite ethical and medical concerns. As I conclude this essay wild thoughts are being entertained within me. With my physical strength and power I am capable of abducting a facial transplant doctor and blackmailing him or her into performing the procedure on me, so I, too, can enjoy the benefits of melding into human society...